

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>107160483</i>	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2									
Total Depend	23									
Total Claims	25									

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